

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

**APPLICANT(S)**

CLAIMS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE
						APPLICANT(S)	
						CLAIMS	
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP
IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1					51	
2		1				52	
3						53	
4						54	
5						55	
6		1				56	
7						57	
8	1					58	
9						59	
10		1				60	
11						61	
12		1				62	
13						63	
14		1				64	
15						65	
16						66	
17						67	
18						68	
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20						70	
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22						72	
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29						79	
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40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.						TOTAL IND.	
TOTAL DEP.						TOTAL DEP.	